

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12528

STATE FILE NUMBER

63-049988

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 27 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 21 hours	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.		d. STREET ADDRESS (If outside, give location) 634 North 60th. Str.	
3. NAME OF DECEASED (Type or print) First Henry Middle Richard Last Stark		4. DATE OF DEATH Month December Day 17 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-21-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
13a. FATHER'S NAME William Stark		13b. MOTHER'S MAIDEN NAME Elizabeth Kuhl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW # 1		16. SOCIAL SECURITY NO. 5411	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Peritonitis DUE TO (c) Perforated duodenal ulcer		11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.	
12. CITIZEN OF WHAT COUNTRY USA		14. NAME OF HUSBAND OR WIFE Josephine Stark	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from December 17, 1963 to December 17, 1963 and last saw him alive on Dec. 17, 1963 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Pennington M.D. (Degree or title)		22b. ADDRESS 1755 South Grand Blvd.	
22c. DATE SIGNED 12-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12/18/63		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
23d. LOCATION (City, town, or county) Bellefonte, Ill.		23e. LOCATION (City, town, or county) Bellefonte, Ill.	
24. FUNERAL DIRECTOR Burke Funeral Home		25. DATE RECD. BY LOCAL REG. DEC 18 1963	
ADDRESS E. St. Louis		26. REGISTRAR'S SIGNATURE Ed Smith M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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28/20

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.